

TO: **Coastal Resources Management Council**  
4808 Tower Hill Road Suite 3  
Wakefield, RI 02879  
Phone: (401) 783-3370 / Fax: (401) 783-2069



FROM: Building Official

DATE: \_\_\_\_\_

SUBJ: Application of: \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_

Plat(s): \_\_\_\_\_ Lot(s): \_\_\_\_\_

To Construct: \_\_\_\_\_

I hereby certify that I have reviewed \_\_\_\_\_ foundation plan(s).  
\_\_\_\_\_ plan(s) for entire structure  
\_\_\_\_\_ site plans

Titled: \_\_\_\_\_

**Date of Plan (last revision):** \_\_\_\_\_

\_\_\_\_\_ and find that the issuance of a local building permit is not required as in accordance with Section \_\_\_\_\_ of the Rhode Island State Building Code.

\_\_\_\_\_ and find that the issuance of a local building permit is required. I hereby certify that this permit shall be issued once the applicant demonstrates that the proposed construction/activity fully conforms to the applicable requirements of the RISBC, and all other local, state and federal regulations are met.

\_\_\_\_\_ and find that a Septic System Suitability Determination (SSD) must be obtained from the RI Dept. of Environmental Management.

\_\_\_\_\_ and find that a Septic System Suitability Determination (SSD) need not be obtained from the RI Dept. of Environmental Management.

\_\_\_\_\_ and find NO structural or non-structural fill is proposed in a FEMA-designated V-Zone or Coastal A-zone.

\_\_\_\_\_ and find that the proposed fill is considered non-structural fill and meets FEMA NFIP guidelines.

\_\_\_\_\_ and find that said plans conform with all elements of the zoning ordinance, and that if said plans require zoning board approval, that the applicant has secured such approval and that the requisite appeal period has passed with no appeal filed or appeal is final. The Zoning Board approval shall expire on: \_\_\_\_\_.

\_\_\_\_\_  
Building Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ and find that said plans conform with all elements of the zoning ordinance, and that if said plans require zoning board approval, that the applicant has secured such approval and that the requisite appeal period has passed with no appeal filed or appeal is final.

\_\_\_\_\_  
Zoning Officer's Signature

\_\_\_\_\_  
Date